

PALM BEACH COUNTY
BOARD OF COUNTY COMMISSIONERS
AGENDA ITEM SUMMARY

Meeting Date: October 22, 2024 [X] Consent [] Regular
[] Ordinance [] Public Hearing

Department
Submitted By: Community Services
Submitted For: Ryan White Program

I. EXECUTIVE BRIEF

Motion and Title: Staff recommends motion to:

A) receive and file the following Notice of Awards (NOA) from the U.S. Department of Health and Human Services (HHS), Health Resources and Services Administration (HRSA) as follows:

- 1. No. 6 H89HA00034-31-03 for the budget period March 1, 2024 through February 28, 2025, in the amount of \$39,921, for Grant Year (GY) 2024, for a total grant award amount of \$7,730,192, for new and existing programs to continue improving health outcomes for clients with HIV/AIDS for the Minority AIDS Initiative (MAI) program;
2. No.6 UT8HA33954-05-03 for the budget period of March 1, 2024 through February 28, 2025, in the amount of \$861,242, for GY 2024, reauthorizing previously awarded funds, with a total budget period amount of \$3,218,775, for Ending the HIV Epidemic (EHE): A Plan for America program; a federal grant program focused on reducing new HIV Infections in the United States by 90% by 2030; and

(B) approve Budget Amendment of \$39,921, in Ryan White Program funds to align the budget with actual grant awards.

Summary: On July 22, 2024, HHS, HRSA, issued a final funding NOA that authorizes the carryover of an unobligated balance in the amount of \$39,921 from the budget period March 1, 2023 through February 29, 2024, into the current budget period of March 1, 2024 through February 28, 2025 (GY 2024). In GY 2023, the approximate number of clients served across all programs and initiatives was 2,868, with an 87% retention rate in care and an 84% viral suppression rate. For GY 2023, under MAI, 88.3% of clients were virally suppressed (928 out of 1085). Under this grant, the program will serve approximately 3,600 Palm Beach County (PBC) residents with HIV annually through RW and MAI programs. On November 21, 2023, the Board of County Commissioners (BCC) ratified the Mayor's signature on the Ryan White Part A HIV Emergency Relief Grant Program application (R2023-1677). This grant allows the Community Services Department to continue providing essential medical and support services to PBC residents with HIV/AIDS. Some of the services provided under the grant include medical case management, medical care, pharmaceutical assistance, oral health care, legal support services, outpatient ambulatory services, health insurance premium assistance, and food bank home-delivered meals.

The EHE grant focuses on reducing HIV infections by 90% in the United States by the year 2030. On July 23, 2024, HHS, HRSA issued a NOA for the re-authorization of carryover funding from GY 2023 to the current GY2024, in the amount of \$861,242 for EHE. These funds are part of previously awarded funds, with no changes to the budget period amount. Carryover amounts vary from year to year based on the funds that were left over from any prior GY. In GY 2023, the total number of clients served across all programs and initiatives was 380 PBC residents with HIV. Under this grant, the program will serve approximately 300 PBC residents with HIV and advance our goal to end HIV by 2030. In GY 2023, the approximate number of people with HIV (PWH) served across all programs and initiatives was 2,868, with 76% of PWH engaged in care through EHE, an 87% retention rate in care and an 84% viral suppression rate. These are RW and EHE grant funds, no County match is required. Countywide (HH)

Background and Justification: Palm Beach County Board of County Commissioners (BCC) has been receiving the Ryan White Program HIV Emergency Relief Project Grant since 1994, and has provided medical support services to thousands of PWH. Since 2020, the EHE has been awarded to PBC, increasing the capacity to serve 300 new unduplicated clients in the HIV system of care each year. A Comprehensive HIV Community Needs Assessment is conducted every three (3) years to assess service gaps, with allocations and annual work plan goals established based on the PBC Ending the HIV Epidemic Plan and the PBC Integrated HIV Prevention & Care Plan. Sub-recipients are monitored annually, with performance measures reported quarterly and annually.

Attachments:

- 1. Notice of Award Grant No. 6 H89HA00034-31-03
2. Notice of Award Grant No. 6 UT8HA33954-05-03
3. Budget Amendment

Recommended By: [Signature] 9/30/2024
Department Director Date

Approved By: [Signature] 10/15/24
Assistant County Administrator Date

II. FISCAL IMPACT ANALYSIS

A. Five Year Summary of Fiscal Impact:

Fiscal Years	2025	2026	2027	2028	2029
Capital Expenditures					
Operating Costs					
External Revenue					
Program Income					
In-Kind Match (County)					
NET FISCAL IMPACT	0	0	0		

# ADDITIONAL FTE POSITIONS (Cumulative)					
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Is Item Included In Current Budget? Yes No
 Does this item include the use of federal funds? Yes No
 Does this item include the use of state funds? Yes No

Budget Account No.:

Fund 1010 Dept. 142 Unit 1477 Object VAR Program Code VAR Program Period GY24
 Fund 1010 Dept. 142 Unit 1481 Object VAR Program Code VAR Program Period GY24

B. Recommended Sources of Funds/Summary of Fiscal Impact:

Funding source is the U.S Department of Health and Human Services. No County funding is required.

Funding applies to FY2024.

Julie Dowe
 Digitally signed by Julie Dowe
 DN: c=US, o=PBBCgov, ou=Enterprise, email=JD, ou=Users, CN=Julie Dowe, E=JD@pbcc.gov
 I am approving this document
 Date: 2024.10.02 08:05:02-04'00'
 Foxit PDF Editor Version: 12.1.0

C. Departmental Fiscal Review:

Julie Dowe, Director, Financial & Support Services

III. REVIEW COMMENTS

A. OFMB Fiscal and/or Contract Development and Control Comments:

Lucretia
 OFMB
 10/3/24
 ASW
 10-2-24
 AMF 10/2

Brenda March
 Contract Development and Control
 10/7/24

B. Legal Sufficiency:

Delene C. Hrynd
 Assistant County Attorney
 10-15-24

C. Other Department Review:

 Department Director



Department of Health and Human Services
Health Resources and Services Administration

Notice of Award
FAIN# H8900034
Federal Award Date: 07/22/2024

Recipient Information

- 1. Recipient Name
PALM BEACH COUNTY BOARD OF COMMISSIONERS
PO BOX 4036
West Palm Bch, FL 33402-4036
- 2. Congressional District of Recipient
22
- 3. Payment System Identifier (ID)
1596000785A1
- 4. Employer Identification Number (EIN)
596000785
- 5. Data Universal Numbering System (DUNS)
078470481
- 6. Recipient's Unique Entity Identifier
XL2DNFMPCR44
- 7. Project Director or Principal Investigator
Casey Messer
Program Manager
cmesser@pbcgov.org
(561)355-4730
- 8. Authorized Official

Federal Agency Information

- 9. Awarding Agency Contact Information
Marie E Mehaffey
Grants Management Specialist
Office of Federal Assistance Management (OFAM)
Division of Grants Management Office (DGMO)
MMehaffey@hrsa.gov
(301) 945-3934
- 10. Program Official Contact Information
Jonathon Fenner
HIV/AIDS Bureau (HAB)
jfenner@hrsa.gov
(301) 443-4251

Federal Award Information

- 11. Award Number
6 H89HA00034-31-03
- 12. Unique Federal Award Identification Number (FAIN)
H8900034
- 13. Statutory Authority
42 U.S.C. § 300ff-11-20 and § 300ff-121
- 14. Federal Award Project Title
HIV EMERGENCY RELIEF PROJECT GRANTS
- 15. Assistance Listing Number
93.914
- 16. Assistance Listing Program Title
HIV Emergency Relief Project Grants
- 17. Award Action Type
Administrative
- 18. Is the Award R&D?
No

Summary Federal Award Financial Information

19. Budget Period Start Date 03/01/2024 - End Date 02/28/2025	
20. Total Amount of Federal Funds Obligated by this Action	\$39,921.00
20a. Direct Cost Amount	
20b. Indirect Cost Amount	\$0.00
21. Authorized Carryover	\$0.00
22. Offset	\$0.00
23. Total Amount of Federal Funds Obligated this budget period	\$7,730,192.00
24. Total Approved Cost Sharing or Matching, where applicable	\$0.00
25. Total Federal and Non-Federal Approved this Budget Period	\$7,730,192.00
26. Project Period Start Date 03/01/2022 - End Date 02/28/2025	
27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Project Period	\$23,432,397.00

- 28. Authorized Treatment of Program Income
Addition
- 29. Grants Management Officer – Signature
Karen Mayo on 07/22/2024

30. Remarks

Prior Approval Request Tracking Number PA-00130700, Prior Approval Request Type: Carryover



Notice of Award
Award Number: 6 H89HA00034-31-03
Federal Award Date: 07/22/2024

HIV/AIDS Bureau (HAB)

31. APPROVED BUDGET: (Excludes Direct Assistance)

Grant Funds Only
 Total project costs including grant funds and all other financial participation

a. Salaries and Wages:	\$0.00
b. Fringe Benefits:	\$0.00
c. Total Personnel Costs:	\$0.00
d. Consultant Costs:	\$0.00
e. Equipment:	\$0.00
f. Supplies:	\$0.00
g. Travel:	\$0.00
h. Construction/Alteration and Renovation:	\$0.00
i. Other:	\$0.00
j. Consortium/Contractual Costs:	\$0.00
k. Trainee Related Expenses:	\$0.00
l. Trainee Stipends:	\$0.00
m. Trainee Tuition and Fees:	\$0.00
n. Trainee Travel:	\$0.00
o. TOTAL DIRECT COSTS:	\$7,730,192.00
p. INDIRECT COSTS (Rate: % of S&W/TADC):	\$0.00
i. Indirect Cost Federal Share:	\$0.00
ii. Indirect Cost Non-Federal Share:	\$0.00
q. TOTAL APPROVED BUDGET:	\$7,730,192.00
i. Less Non-Federal Share:	\$0.00
ii. Federal Share:	\$7,730,192.00

32. AWARD COMPUTATION FOR FINANCIAL ASSISTANCE:

a. Authorized Financial Assistance This Period	\$7,730,192.00
b. Less Unobligated Balance from Prior Budget Periods	
i. Additional Authority	\$0.00
ii. Offset	\$0.00
c. Unawarded Balance of Current Year's Funds	\$0.00
d. Less Cumulative Prior Award(s) This Budget Period	\$7,690,271.00
e. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION	\$39,921.00

33. RECOMMENDED FUTURE SUPPORT:
(Subject to the availability of funds and satisfactory progress of project)

YEAR	TOTAL COSTS
	Not applicable

34. APPROVED DIRECT ASSISTANCE BUDGET: (In lieu of cash)

a. Amount of Direct Assistance	\$0.00
b. Less Unawarded Balance of Current Year's Funds	\$0.00
c. Less Cumulative Prior Award(s) This Budget Period	\$0.00
d. AMOUNT OF DIRECT ASSISTANCE THIS ACTION	\$0.00

35. FORMER GRANT NUMBER
BRH890034

36. OBJECT CLASS
41.15

37. BHCNIS#

38. THIS AWARD IS BASED ON THE APPLICATION APPROVED BY HRSA FOR THE PROJECT NAMED IN ITEM 14. FEDERAL AWARD PROJECT TITLE AND IS SUBJECT TO THE TERMS AND CONDITIONS INCORPORATED EITHER DIRECTLY OR BY REFERENCE AS:

a. The program authorizing statute and program regulation cited in this Notice of Award; b. Conditions on activities and expenditures of funds in certain other applicable statutory requirements, such as those included in appropriations restrictions applicable to HRSA funds; c. 45 CFR Part 75; d. National Policy Requirements and all other requirements described in the HHS Grants Policy Statement; e. Federal Award Performance Goals; and f. The Terms and Conditions cited in this Notice of Award. In the event there are conflicting or otherwise inconsistent policies applicable to the award, the above order of precedence shall prevail. Recipients indicate acceptance of the award, and terms and conditions by obtaining funds from the payment system.

39. ACCOUNTING CLASSIFICATION CODES

FY-CAN	CFDA	DOCUMENT NUMBER	AMT. FIN. ASST.	AMT. DIR. ASST.	SUB PROGRAM CODE	SUB ACCOUNT CODE
23 - 377RA06	93.914	24H89HA00034	\$39,921.00	\$0.00	MAI	24H89HA00034

HRSA Electronic Handbooks (EHBs) Registration Requirements

The Project Director of the grant (listed on this NoA) and the Authorizing Official of the grantee organization are required to register (if not already registered) within HRSA's Electronic Handbooks (EHBs). Registration within HRSA EHBs is required only once for each user for each organization they represent. To complete the registration quickly and efficiently we recommend that you note the 10-digit grant number from box 4b of this NoA. After you have completed the initial registration steps (i.e., created an individual account and associated it with the correct grantee organization record), be sure to add this grant to your portfolio. This registration in HRSA EHBs is required for submission of noncompeting continuation applications. In addition, you can also use HRSA EHBs to perform other activities such as updating addresses, updating email addresses and submitting certain deliverables electronically. Visit <https://grants3.hrsa.gov/2010/WebEPSEExternal/Interface/common/accesscontrol/login.aspx> to use the system. Additional help is available online and/or from the HRSA Call Center at 877-Go4-HRSA/877-464-4772.

Terms and Conditions

Failure to comply with the remarks, terms, conditions, or reporting requirements may result in a draw down restriction being placed on your Payment Management System account or denial of future funding.

Grant Specific Term(s)

1. This Notice of Award authorizes the carryover of an unobligated balance in the amount of \$39,921 from budget period 3/1/2023 - 2/29/2024 into the current budget period. These funds can only be used for the purposes stated in your Prior Approval request.

Please be advised that if the final resolution of the audit determines that the unobligated balance of Federal Funds requested for the carryover is incorrect, HRSA is not obligated to make additional Federal Funds available to cover the shortfall.

All prior terms and conditions remain in effect unless specifically removed.

Contacts

NoA Email Address(es):

Name	Role	Email
Casey Messer	Program Director	cmesser@pbcgov.org
Thomas Eaton	Business Official	teaton@pbcgov.org

Note: NoA emailed to these address(es)

All submissions in response to conditions and reporting requirements (with the exception of the FFR) must be submitted via EHBs. Submissions for Federal Financial Reports (FFR) must be completed in the Payment Management System (<https://pms.psc.gov/>).



Recipient Information

- 1. Recipient Name
COUNTY OF, PALM BEACH
301 N Olive Ave Frnt
West Palm Beach, FL 33401-4703
- 2. Congressional District of Recipient
22
- 3. Payment System Identifier (ID)
1596000785A1
- 4. Employer Identification Number (EIN)
596000785
- 5. Data Universal Numbering System (DUNS)
078470481
- 6. Recipient's Unique Entity Identifier
XL2DNFMPCR44
- 7. Project Director or Principal Investigator
Casey Messer
Program Director
cmesser@pbcgov.org
(516)355-4730
- 8. Authorized Official

Federal Agency Information

- 9. Awarding Agency Contact Information
India Smith
Grants Management Specialist
Office of Federal Assistance Management (OFAM)
Division of Grants Management Office (DGMO)
ismith@hrsa.gov
(301) 443-2096
- 10. Program Official Contact Information
Jesus Hernandez-Burgos
HIV/AIDS Bureau (HAB)
JHernandez-Burgos@hrsa.gov
(301) 945-9837

Federal Award Information

- 11. Award Number
6 UT8HA33954-05-03
- 12. Unique Federal Award Identification Number (FAIN)
UT833954
- 13. Statutory Authority
42 U.S.C. § 243(c); 300ff-11 et seq.
- 14. Federal Award Project Title
Ending the HIV Epidemic: A Plan for America — Ryan White HIV/AIDS Program Parts A and B
- 15. Assistance Listing Number
93.686
- 16. Assistance Listing Program Title
Ending the HIV Epidemic: A Plan for America — Ryan White HIV/AIDS Program Parts A and B
- 17. Award Action Type
Administrative
- 18. Is the Award R&D?
No

Summary Federal Award Financial Information

19. Budget Period Start Date 03/01/2024 - End Date 02/28/2025	
20. Total Amount of Federal Funds Obligated by this Action	\$0.00
20a. Direct Cost Amount	
20b. Indirect Cost Amount	\$0.00
21. Authorized Carryover	\$861,242.00
22. Offset	\$0.00
23. Total Amount of Federal Funds Obligated this budget period	\$2,000,000.00
24. Total Approved Cost Sharing or Matching, where applicable	\$0.00
25. Total Federal and Non-Federal Approved this Budget Period	\$3,218,775.00
26. Project Period Start Date 03/01/2020 - End Date 02/28/2025	
27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Project Period	\$7,738,461.00

- 28. Authorized Treatment of Program Income
Addition
- 29. Grants Management Officer – Signature
Karen Mayo on 07/23/2024

30. Remarks

Prior Approval Request Tracking Number PA-00130695. Prior Approval Request Type: Carryover



Notice of Award
Award Number: 6 UT8HA33954-05-03
Federal Award Date: 07/23/2024

HIV/AIDS Bureau (HAB)

31. APPROVED BUDGET: (Excludes Direct Assistance)

Grant Funds Only
 Total project costs including grant funds and all other financial participation

a. Salaries and Wages:	\$16,273.00
b. Fringe Benefits:	\$6,375.00
c. Total Personnel Costs:	\$22,648.00
d. Consultant Costs:	\$0.00
e. Equipment:	\$0.00
f. Supplies:	\$15,393.00
g. Travel:	\$16,134.00
h. Construction/Alteration and Renovation:	\$0.00
i. Other:	\$2,405,000.00
j. Consortium/Contractual Costs:	\$759,600.00
k. Trainee Related Expenses:	\$0.00
l. Trainee Stipends:	\$0.00
m. Trainee Tuition and Fees:	\$0.00
n. Trainee Travel:	\$0.00
o. TOTAL DIRECT COSTS:	\$3,218,775.00
p. INDIRECT COSTS (Rate: % of S&W/TADC):	\$0.00
i. Indirect Cost Federal Share:	\$0.00
ii. Indirect Cost Non-Federal Share:	\$0.00
q. TOTAL APPROVED BUDGET:	\$3,218,775.00
i. Less Non-Federal Share:	\$0.00
ii. Federal Share:	\$3,218,775.00

32. AWARD COMPUTATION FOR FINANCIAL ASSISTANCE:

a. Authorized Financial Assistance This Period	\$3,218,775.00
b. Less Unobligated Balance from Prior Budget Periods	
i. Additional Authority	\$1,218,775.00
ii. Offset	\$0.00
c. Unawarded Balance of Current Year's Funds	\$0.00
d. Less Cumulative Prior Award(s) This Budget Period	\$2,000,000.00
e. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION	\$0.00

38. THIS AWARD IS BASED ON THE APPLICATION APPROVED BY HRSA FOR THE PROJECT NAMED IN ITEM 14. FEDERAL AWARD PROJECT TITLE AND IS SUBJECT TO THE TERMS AND CONDITIONS INCORPORATED EITHER DIRECTLY OR BY REFERENCE AS:

a. The program authorizing statute and program regulation cited in this Notice of Award; b. Conditions on activities and expenditures of funds in certain other applicable statutory requirements, such as those included in appropriations restrictions applicable to HRSA funds; c. 45 CFR Part 75; d. National Policy Requirements and all other requirements described in the HHS Grants Policy Statement; e. Federal Award Performance Goals; and f. The Terms and Conditions cited in this Notice of Award. In the event there are conflicting or otherwise inconsistent policies applicable to the award, the above order of precedence shall prevail. Recipients indicate acceptance of the award, and terms and conditions by obtaining funds from the payment system.

39. ACCOUNTING CLASSIFICATION CODES

FY-CAN	CFDA	DOCUMENT NUMBER	AMT. FIN. ASST.	AMT. DIR. ASST.	SUB PROGRAM CODE	SUB ACCOUNT CODE
24 - 377AAGR	93.914	20UT8HA33954	\$0.00	\$0.00	N/A	2DRWHAP-A-B

33. RECOMMENDED FUTURE SUPPORT:
(Subject to the availability of funds and satisfactory progress of project)

YEAR	TOTAL COSTS
	Not applicable

34. APPROVED DIRECT ASSISTANCE BUDGET: (In lieu of cash)

a. Amount of Direct Assistance	\$0.00
b. Less Unawarded Balance of Current Year's Funds	\$0.00
c. Less Cumulative Prior Award(s) This Budget Period	\$0.00
d. AMOUNT OF DIRECT ASSISTANCE THIS ACTION	\$0.00

35. FORMER GRANT NUMBER

36. OBJECT CLASS
41.15

37. BHCNIS#

HRSA Electronic Handbooks (EHBs) Registration Requirements

The Project Director of the grant (listed on this NoA) and the Authorizing Official of the grantee organization are required to register (if not already registered) within HRSA's Electronic Handbooks (EHBs). Registration within HRSA EHBs is required only once for each user for each organization they represent. To complete the registration quickly and efficiently we recommend that you note the 10-digit grant number from box 4b of this NoA. After you have completed the initial registration steps (i.e., created an individual account and associated it with the correct grantee organization record), be sure to add this grant to your portfolio. This registration in HRSA EHBs is required for submission of noncompeting continuation applications. In addition, you can also use HRSA EHBs to perform other activities such as updating addresses, updating email addresses and submitting certain deliverables electronically. Visit <https://grants3.hrsa.gov/2010/WebEPSEExternal/Interface/common/accesscontrol/login.aspx> to use the system. Additional help is available online and/or from the HRSA Call Center at 877-Go4-HRSA/877-464-4772.

Terms and Conditions

Failure to comply with the remarks, terms, conditions, or reporting requirements may result in a draw down restriction being placed on your Payment Management System account or denial of future funding.

Grant Specific Term(s)

- This Notice of Award authorizes the carryover of an unobligated balance in the amount of \$1,218,775.00 from budget period 03/1/2023-02/29/2024 into the current budget period. These funds can only be used for the purposes stated in your Prior Approval request. Please be advised that if the final resolution of the audit determines that the unobligated balance of Federal Funds requested for the carryover is incorrect, HRSA is not obligated to make additional Federal Funds available to cover the shortfall.

Program Specific Term(s)

- If applicable, recipients must submit the Tangible Personal Property Report (TPPR) (SF-428) and any related forms. The report must be submitted within 90 days after the project period ends. Recipients are required to report all equipment with an acquisition cost of \$5,000 or more per unit acquired by the recipient with award funds. TPPRs must be submitted electronically through HRSA EHBs.

All prior terms and conditions remain in effect unless specifically removed.

Contacts

NoA Email Address(es):

Name	Role	Email
Casey Messer	Program Director	cmesser@pbcgov.org

Note: NoA emailed to these address(es)

All submissions in response to conditions and reporting requirements (with the exception of the FFR) must be submitted via EHBs. Submissions for Federal Financial Reports (FFR) must be completed in the Payment Management System (<https://pms.psc.gov/>).

24- 1005



BOARD OF COUNTY COMMISSIONERS PALM BEACH COUNTY, FLORIDA BUDGET AMENDMENT

BGEX _____ 142 092524*1988

BGRV _____ 142 080524*515

FUND 1010 - Ryan White Care Program

ACCOUNT NUMBER	ACCOUNT NAME	UNIT NAME	ORIGINAL BUDGET	CURRENT BUDGET	INCREASE	DECREASE	ADJUSTED BUDGET	EXPENDED/ ENCUMBERED as of 09/26/2024	REMAINING BALANCE
REVENUES									
142-1477-3169	Federal Grant Other -Human Services	RYAN WHITE MINORITY AIDS INIATIVE	645,928	990,795	39,921		1,030,716		
	Total Fund Revenues		13,399,017	15,979,308	39,921	0	16,019,229		
EXPENDITURES									
142-1477-8201	Contributions-Non-Govts Agnces	RYAN WHITE MINORITY AIDS INIATIVE	453,247	733,114	39,921		773,035	679,255	93,780
	Total Fund Expenditures		13,399,017	15,979,308	39,921	0	16,019,229	8,753,056	6,544,879

SIGNATURES	DATES
DocuSigned by: 	9/30/2024
INITIATING DEPARTMENT/DIVISION - Julie Dowe	
	10/2/2024
Administration/Budget Department Approval	
OFMB Department - Posted	

BY BOARD OF COUNTY COMMISSIONERS

At Meeting of: _____ 10/22/2024

Deputy Clerk to the
Board of County Commissioners